

3000021167 04/26/13

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
 AsOfDate 04/22/2013
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line Line# Description

00332399	1	I/S meals & lodging	1	542200	Employee I/S Meals & L	06105	ADAMS RICH-001	2013	04	0000100170	Adams, r.	4.15-4	165.00
Total For Voucher												165.00	

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00332999
 Voucher Style: Regular
 Invoice Number: Adams, r. 4.15-4.16.13
 Invoice Date: 04/17/2013
 Total: 165.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345
 *Pay Terms: Pay Now Schedule Payments

Payment Information

Scheduled Payment: 1
 *Remit to: 0000097303
 Location: 001
 *Address: 1
 ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345
 Gross Amount: 165.00 USD
 Discount: 0.00 USD
 Discount Denied
 Late Charge

Scheduled Due: 04/17/2013
 Net Due: 04/17/2013
 Discount Due:
 Accounting Date:

Payment Method
 *Bank: WFB10
 *Account: B
 *Method: ACH ACH
 *Netting: N
 Pay Group:
 *Handling: RE
 *Netting: N
 Messages

Message will appear on remittance advice.

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500 Invoice Number: Adams, r. 4.15-4.16.13
Voucher ID: 00332999 Invoice Date: 04/17/2013
Voucher Style: Regular Total: 165.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRANT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

PAGE	1	DATE	4/16/2013
AGENCY	66500	VOUCHER NUMBER	0033

NAME Richard Adams						CAR LICENSE NUMBER SG-1984	POST OF DUTY Ruidoso								
VENDOR NUMBER REG. WORK DAY	97303 8:00 AM THRU 5:00 PM						MODEL YEAR	Nissan 2011	RESIDENCE Ruidoso						
DATE	TIME: DEPARTURE	SHOW AM OR PM ARRIVAL	CHARACTER OF EXPENDITURES BUSINESS, PARTY CONTRACTED AND MISCELLANEOUS INFORMATION				ODOMETER/MAP MILES ENTER START & FINISH		NO. OF MILES	MILEAGE	AMOUNTS PER DIEM MISCELLANEOUS		AMOUNTS		
4/15/2013 4/16/2013	6:00am 6:00pm		Depart Ruidoso to Santa Fe Overnight-Santa Fe rates apply Depart Santa Fe to Ruidoso partial day per diem 12.0 hrs						0	0.00 0.00	\$ \$	135.00 30.00		135.00 30.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	
Per Diem Is Based on (Check One) ACTUAL EXPENSES								TOTALS	0	0.00	165.00	0.00	165.00		
I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.								ADVANCE AMOUNTS %							
APPROVED RATERS								ADJUSTED REIMBURSEMENT							
Employee Signature _____ Date _____								TOTALS							
X Check here if this claim is in compliance with the Nonroutine Reassignment								TOTALES							
ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL SECTION 10-8-5 (f), NMSA 1978								PAYEE SIGN HERE:							
Signature required on overnight lodging exceeding \$215.00 per night: _____								(TYPE PAYEE NAME)							
Date _____								DATE							
DOH-General Accounting Use Only								COUPLES WITH THE CPA REGULATIONS GOVERNING THE GEN DECM AND JUNE/JULY ACT.							
_____								_____ 4-15-13							

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000/06105	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Allima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Staff in Santa Fe					
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	04/12/13	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	04/15/13	Time:	06:00 AM	Return Date: (month/day/yr)	4/16/13
			Time:	06:00 PM		
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .44 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	1 @ \$135/day	\$ 135.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .44 per mile	\$ 0.00	Total reimbursement to employee		\$ 165.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 165.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Richard Adams 4/15/13
Employee Signature Date

Division Director/Hospital Administrator
(As per specific division requirements) Date

Supervisor/Bureau Chief Signature Date

James W. Green 4/16/13
Cabinet Secretary Signature Date
(To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)